



North Carolina Department of Health and Human Services  
**Office of Public Affairs**

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**CONSENT TO PHOTOGRAPH / INTERVIEW**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m., p.m. (circle one)

This consent is expressly intended to release the N.C. Department of Health and Human Services and its personnel from any and all liability that would result from the taking and authorized use of these materials.

I hereby authorize the above named to obtain or to permit:

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(Name of media outlet / agency / publication / or other person)

to obtain the following of me/my child (check appropriate description(s))

☐ Photographs    ☐ Film/Videotape    ☐ Interview    ☐ Voice Recording

I agree that the above named may use or permit other persons to use the materials produced from this session for any of the proposed outlined below (check appropriate categories).

☐ Educational Publications    ☐ Department Publications  
☐ Research Materials/Publications    ☐ Print or Broadcast Media  
☐ Advertising    ☐ Other (please specify) \_\_\_\_\_  
☐ Department Website

If applicable: ☐ I agree to the above on the condition that I will not be identified by name.

\_\_\_\_\_  
Name (please print)    \_\_\_\_\_ / \_\_\_\_\_  
Signature / Date

\_\_\_\_\_  
Parent/Legal Guardian Signature / Date    \_\_\_\_\_ / \_\_\_\_\_  
Witness Signature / Date

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